

21.11.09

Submission to Psychology Board of Australia

Re: Consultation paper dated 27 October 2009.

Firstly, I would like to say it is great to finally have a national registration board in Australia. The consultation paper contains many reasonable guidelines for the conduct of psychology. I offer comment here on only a couple of matters of concern to me contained in the paper.

1. Proposal for Specialist Registration

I restrict my comments to the area of clinical psychology, as I do not have sufficient knowledge of other specialisations.

I want to argue against the proposal that in the near future, only those holding a doctorate in clinical psychology would be eligible to call themselves specialist clinical psychologists. Doctorate study in comparison to Masters study adds primarily an additional body of research work in a narrowly defined area (for example a study within the area of depression). A consumer seeking help from such an individual is not guaranteed they will be receiving specialist treatment for **any** clinically related problem unless they happen to be seeking help in that narrowly defined area. It would be more accurate to define them as a depression specialist. Additionally, under the current proposal, the specialist could provide services as a specialist, even if they were not particularly competent or knowledgeable in many other areas of clinical psychology.

The majority of psychologists are constantly updating their knowledge and skills, and will now have to do so to maintain registration. I would argue that a Masters degree qualification is entirely satisfactory qualification to be a specialist, particularly as practitioners constantly update their skills and knowledge and undertake supervision.

On what **body of research evidence** does the board conclude a practitioner with a Phd provides superior specialist treatment to those with a Masters degree (especially considering a practitioners knowledge and skills are continually being developed)?

As a consumer of clinical psychology services, I would want to know if the specialist has:

- Up to date knowledge of my problem and treatment options
- Has treated a large number of cases
- Has a good reputation for success within the referral community (e.g. GP's) or the local community

A system to more adequately safeguard the consumer, would require practitioners to qualify for specialist certification in an area of clinical psychology, for example an anxiety disorders specialist or depressive disorders specialist. If I wanted my daughter to receive specialist treatment for an eating disorder then I would want to know the specialist was accredited as a specialist **in that area**. Medical specialists are not called Clinical Doctors, with a prerequisite Phd in medicine, they are Urologists or Paediatricians, and their specialty is clearly established to guide the consumer.

I would propose that a psychologist calling themselves a specialist, would have to demonstrate specialist competence in that particular area of clinical psychology, based on:

- Masters degree (general qualification) plus acquisition of knowledge and clinical skills particular to a clinical area
- A minimum level of years of experience treating that area of clinical presentation
- Some evidence of efficacy

I am also concerned the proposal will be discriminatory in effect, and unfairly exclude the expertise of many talented practitioners. Psychologists in this area tend to do Masters rather than PhD because they have a more practical interest in the field, but not to the exclusion of acquiring necessary ongoing theory and knowledge. Colleagues I have discussed this proposal with are sceptical of the board's, and the government's, motives. Their typical comment is "are they trying to restrict the numbers of psychologists who can claim a higher fee under Medicare to reduce costs to the government". The board needs to clarify these concerns with the clinical psychology community.

Professional development proposal

As a member of the Australian Psychological Society I would like the board to further clarify how the systems of professional development will overlap. I would also ask the board to strongly consider that psychologists have families, other responsibilities and expenses, when setting requirements for professional development. It is an irony that in a field dedicated to health and wellbeing, the increasing demands of being a psychologist may be increasingly compromising the health, wellbeing and family life of practitioners. As such the board should be ensuring their input into helping practitioners maintain their own health and mental wellbeing. The example of the medical profession is salient in this respect.

Sincerely
Tim Smyth
Registered Psychologist, MAPS
Queensland.